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SMITH ON CONSUMPTION,

24 PAGES.

CLINICS.

CLINICAL LECTURE.

Clinical Remarks on Cerebral Meningitis.—By WM. BRINTON, M.D., Physician to St. Thomas's Hospital.

The case we have just left is one specially deserving of notice, because, though obscure at first sight, and likely to be soon fatal in spite of all we can do, it affords a fair illustration of what a knowledge of systematic pathology often effects for us in the clinical study of disease. Here is a man paralyzed, almost unconscious, quite unable to articulate, much more to give any intelligible or connected account of himself. Owing to casual circumstances, we have as yet little or no history of his case, such as, in private practice, the watchful affection of a patient's friends would almost invariably supply. His more prominent symptoms point to lesion of an organ—the brain—in the diseases of which exactness of diagnosis, prognosis, and treatment, is

notoriously unusually difficult to attain. And yet, thanks to the mere routine of pathology, the whole case reveals itself at a glance. Its nature, causes, relations, course, treatment, and even the numerous and complex details by which it involves various organs, are all suggested by a reference to what we may fairly term the elements or principles of pathology, as they concern one of the great diseases or "dyscrasies" of the human body.

There is no doubt what organ is chiefly affected. The patient has had "fits," one of which, since his admission, can plainly be recognized as epileptic. Replying in a way indicative of great impairment of mental power, often with a fatuous smile, and almost exclusively by signs, he gives us to understand that he suffers great pain in the head, especially on its right side, as well as less severe and frequent pains throughout the lower limbs: and that the right side is—the left side, a few days ago, was—the weaker of the two. His muscular force is

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so impaired that he can scarcely stand. But there is no genuine paraplegia. His urine and stools have, hitherto, not been passed under him. The urine shows an excess of phosphates, but is devoid of albumen. His appetite is good. His pulse, about 80, is tolerably firm and full. His pupils, rather relaxed, are sensitive. There is little, if any, undue heat of scalp; certainly, after the effect of the fit has subsided, no congestion of the head or face. The tongue is clean, but is protruded with great vacillation and difficulty.

I need hardly explain how all this means that the brain is diseased. But, I would add, I interpret these symptoms as indicating that its surface and meninges are the parts first and most involved; although, whether by diffusion of the lesion itself, or by effusion excited by the lesion, or finally, by interference with the vessels, and therefore with the nutrition, of the brain, a considerable extent of this organ is probably unfitted for its functions.

An examination of the chest confirms the suspicions suggested by his physiognomy and general appearance. For, though by no means emaciated, much less hectic, his face, his figure, his very hair and nails, suggest a phthisical tendency. And on examining his chest, irregular, scanty breathing; deficient resonance to percussion; undue resonance of voice; diminished mobility and capacity—these signs, found in both subclavian regions, but especially in the left, affirm the presence of tubercle with a distinctness such as the deficiency of symptoms (pulse, cough, fever, &c.) is quite insufficient to contradict. Serious disease of the brain is pretty sure to mask (or, strictly speaking, to overbear) many of those symptoms which belong, not so much to thoracic tubercle itself, as to its reaction upon the constitution—and especially on the nervous system—at large. Besides, a vague history of some five or six months of nearly continuous cough, with scanty expectoration, enables us to appraise the true import of the present deficiency of symptoms in the case before us. To sum up, there is evidently in both lungs a scattered irregular deposit: a deposit which, if only we can exclude the rare (and here most improbable) contingency of pulmonary cancer, we may fairly assume to be tubercle, scarcely beginning to soften.

Then another organ claims our special inquiry—namely, the digestive canal. And

here we light upon another symptom, which, though by itself it would stand for little, seems (I use the word literally) significant. Most people (especially in London, and among the poor) get, now and then, a casual autumn diarrhoea; and many keep it, for want of medical advice, a good deal longer than is either necessary or advisable. But our patient, it turns out on carefully questioning his friends, has had continuous relaxation of the bowels for many weeks, only ceasing a few days ago. Why I should regard this gradual, quiet, steady, painless flux, ceasing just at the time of access of the cerebral symptoms, as strongly indicating tuberculous deposit in the intestines, it is quite impossible that I should tell you; for the very sufficient reason that I cannot tell myself. But it is no use trying to be wiser than one's collective intellect by means of some one of its particular faculties. Every now and then we meet with "Dr. Fell" at the bedside. And the symptom or condition which we "do not like," even on irrational grounds, is pretty sure in the long run to justify this vague indefinable repugnance.

And now, what is the cerebral disease? What (that is to say) is the kind of meningeal lesion which causes cerebral inflammation and effusion, interferes with cerebral nutrition, and which occurs incidentally to the progress of tubercular disease in the lungs and bowels? Obviously, tubercle.

Adopting this opinion, we shall find that a consideration of the history of tuberculosis suffices to clear up all the difficulties of the case. Given the general course of the worst form of this *dyscrasia*, as it successively involves the various organs of the body: you have but (as I have constantly reminded you) to bear in mind one great clinical law, in order to be forewarned and forearmed against a large proportion of the most numerous, important, and obscure maladies of the human organism. Whatever, in the ordinary course of general tuberculosis, occurs as a rare, late, and scanty element of this process, occurs in a certain number of more exceptional cases as an early, prominent, and chief part of the malady. Those late and scanty incidents, for example, of ordinary phthisis, which, in the form of laryngeal, intestinal, gastric, or cerebral tubercle, are often practically so subordinate in every way to the thoracic symptoms, are in other and rarer instances, by turns the predominant lesion which dictates the whole aspect

and course of the disease. Gifted with such unusual strength or severity by many causes which we can trace, and doubtless by many more which we cannot, the laryngeal, intestinal, and cerebral forms of tuberculosis are preferably to be regarded, not so much as exclusive varieties or seats of deposit (which they rarely are), as dislocated or distorted aspects of ordinary consumption: as tubercle, which, under special circumstances of age, climate, idiosyncrasy, or what not, favours this or that organ, but rarely without involving the lungs in such a degree as allows the obvious and characteristic signs and symptoms of pulmonic mischief to form, however masked, a valuable aid to diagnosis, an important object of treatment, and, above all, a weighty element in the ultimate result.

In the case before us, there is little hope of arresting, however temporarily, the progress of the disease by any treatment we can apply. But the principles on which that treatment is to be based are obvious enough. As a low and essentially cachectic lesion, attended by little real inflammation, we are obliged to refrain from depletion, and (following herein the patient's instinct) even from the local application of cold. Moderate aperients, to prevent and relieve cerebral congestion, seem called for by an existing tendency to constipation: and are not forbidden, as regards their cautious use, by the previous diarrhoea. Counter-irritation we may best apply by means of blistering-liquid behind the ears: for the blisters thus established are (especially in cases like this) rarely intense or ulcerative; and it is particularly desirable, where there is so much prostration, and so constant a maintenance of the supine attitude, to avoid the inconveniences and risks which attend blistering the nape of the neck. A generous diet, with moderate stimulation, cod-liver oil, and the general benefits of the hospital (fresh air and cleanliness) are the only other agents at our disposal.

[The patient rallied for a few days, and then gradually sank, dying, in about three weeks from the date of his admission, of gradually increasing prostration of the nervous centres. This continuous decline of cerebral power was once or twice interrupted by epileptic fits. Towards the last, it almost amounted to coma, from which the patient could scarcely be roused to swallow food, and in which the evacuations were passed under him.

The necropsy showed the cerebral sub-arachnoid tissue to be the seat of a tolerably extensive tubercular deposit, around which there was a scanty effusion of opalescent inflammatory lymph. The deposit, which occupied the surface of both hemispheres, as well as the subarachnoid conflux at the base of the brain, predominated greatly on the left side, and was especially marked in the corresponding fissure of Sylvius; into which it passed so deeply, and was associated with such intense congestion (with some extravasation), as to suggest a very direct interference with the nutrition of the left corpus striatum immediately adjacent. The right lateral ventricle was distended by serum. The greater part of this hemisphere was perceptibly softer, and perhaps paler, than natural. Many parts of the left hemisphere also broke down very easily under pressure.

The lungs, especially the left, were largely occupied by tubercle beginning to soften, and here and there minute cavities could be detected. The small intestines contained some half dozen beads of crude tubercle, most of which had no connection with the agminate follicles. One of them, about the size of a small pea, occupied the submucous areolar tissue of a duodenal valvula connivens, from which it projected by a stalk of almost polypoid narrowness. Both large and small intestine showed patches of intense and almost livid congestion; not, however, associated with either extravasation of blood, or erosion of mucous membrane. The stomach, though stripped of much of mucous membrane towards the cardiac end by the usual combination of gastric digestion and decomposition, was, like the other remaining organs, essentially healthy. The body was not much emaciated; and the tissues contained a fair amount of blood.]—*Lancet* Jan. 2, 1864.

HOSPITAL NOTES AND GLEANINGS.

Internal Administration of Belladonna in Cases of Severe Burn.—Experimental physiologists have recommended belladonna for use in the treatment of burns, in the belief that it diminishes that state of the nervous functions under which reflex inflammations are likely to be originated. They assert, on the other hand, that of all remedies opium is the one most powerful in increasing this

peculiar state, and that it ought consequently to be avoided. In clinical practice, however, we believe that this opinion is wholly disregarded, and that opium is the form of anodyne most commonly resorted to in these cases. Yet it is generally suspected that the causes of death after burns are, in a majority of instances, connected with reflex inflammations, *e.g.*, ulcers of the intestine, pneumonia, &c. In a series of cases under Mr. Hutchinson's care in the London Hospital during the last six months, the belladonna treatment has been tried. In some remarks at the bedside of a patient the other day, Mr. Hutchinson stated that he considered the general results to have been fairly satisfactory. He adverted to the extreme difficulty of forming a trustworthy conclusion on such a matter, since these cases are, in their nature, never stationary, but always tend either to improvement or the reverse, and often with great rapidity. If, therefore, the remedy were commenced when the patient was very ill, it might chance to be just at the time when the improvement was about to set in; and if, on the other hand, the patient got worse, it might fairly be alleged that the remedy was used too late. If, on the other hand, we should give it in cases in which, as yet, no serious symptoms had appeared, we might again be much led astray, since a great majority of burn cases do well without any special plan of medication. Mr. Hutchinson stated that the cases in which the remedy had seemed to be most useful, were those of children in whom general febrile symptoms, attended with restlessness, loss of appetite, &c., had set in without any local complications. In several of these, there could be no mistake that the feverish state had passed away quickly and very satisfactorily under the use of belladonna. In no cases had he witnessed any ill results. If the burn itself was very painful, and the patient unable to get sleep on account of the pain, then the belladonna seemed comparatively inefficacious to procure ease, and morphia was far more efficient. As a rule, no opium had been given to the cases treated by belladonna; but in a few, and those chiefly in adults, it had been found requisite to give an occasional night dose. Possibly more benefit might have been obtained had the administration of the belladonna been pushed to larger doses. The usual dose given had been a third of a grain

three times a day. In speaking of the less frequent results of burns, Mr. Hutchinson mentioned a recent case in which acute inflammation of one hip-joint, followed rapidly by dislocation, had occurred in a child who had been severely burnt on the arm and chest. He was in doubt whether to regard it as a reflex inflammation, or as a consequence of pyæmia.—*Med. Times and Gaz.*, Jan. 2, 1864.

A Simple Means of Inflating the Tympanum in some forms of Deafness.—Mr. HINTON, Surgeon Aurist to Guy's Hospital, in forms of deafness dependent on obstruction of the Eustachian tubes from thickening of the mucous membrane, or from accumulation of mucus, has frequently used a method of inflating the tympanum, which has been recently introduced by Politzer, of Vienna. The plan of treatment is founded on Mr. Toynbee's discovery, that the Eustachian tube is naturally closed, but that it is opened by the tensor and levator palati muscles during the act of deglutition. Acting on this fact, Politzer conceived that air introduced with moderate pressure into the nostrils during the act of swallowing, the nose being at the same time closed, would be a very efficient means of overcoming any resistance which might exist in the internal auditory passages. During swallowing, the velum palati is raised, and, if the nostrils are also closed, the upper part of the pharynx forms a shut cavity, within which the in-pressed air operates with great effect, while the tube is at the same time expanded by the above-named muscles. The method Politzer proposed was the use of an India-rubber bottle, to which a portion of flexible bougie is attached in place of the ordinary nozzle. This being introduced into the nose, and the nostrils firmly closed over it, the patient, who has previously moistened his mouth with water, is told to swallow, and at the same moment the bottle is compressed by the hand of the surgeon. Air seldom fails to enter the tympanum, and its entrance may be heard by means of the ordinary otoscope, or its effect upon the membrana tympani witnessed through the speculum. Mr. Hinton has found that a simple piece of India-rubber tubing answers every purpose, and is often even more efficient. One end of the tube is introduced into the patient's nose, which is firmly closed over it, the other is placed

in the surgeon's mouth, who then blows while the patient swallows. In the great majority of cases the method is at least as efficient as the introduction of the Eustachian catheter, while it is free from many of the objections to which indiscriminate Eustachian catheterism is open. The results are often very striking.—*Ibid.*

Pemphigus cured by Arsenic.—A very instructive case, in proof of the almost specific virtue of arsenic in relapsing pemphigus, came under notice amongst Mr. Hutchinson's out-patients at the Metropolitan Free Hospital a few weeks ago. The patient was a girl of about fourteen, who had been under treatment, in the first instances about three years ago, on account of severe pemphigus. She had then suffered from the disease for several months, and had been under much treatment on account of it. The eruption was freely out in large blebs, and she was emaciated and feeble. Immediately on commencing the use of arsenic she began to improve, and in the course of a fortnight she was quite well. Not a single fresh bulla showed itself after the first few days of the treatment. In the end, not only was the eruption quite cured, but the girl's general health was very much benefited. Mr. Hutchinson remarked at the time on the great tendency to relapse which this disease usually shows; and stated that, according to his experience, although arsenic almost invariably cured it at once, yet that relapses must be expected once or twice in the twelvemonth. If, however, on each occasion arsenic were resorted to, the patient's state of health would gradually improve, and each successive attack might be expected to be milder than the former ones. In this instance the mother of the patient was charged to bring her again should the eruption return. No relapse occurred, however, until the one which brought the patient under our observation a few weeks ago. It was a very slight one, and not more than a dozen bullae were out. They were, however, quite characteristic of the disease in question. Arsenic was again prescribed, and in about ten days the girl was quite well.—*Ibid.*

Insufflation of Powdered Alum in Chronic Catarrh of the Mucous Membrane of the Auditory Meatus and Tympanum.—Mr. HIXTON has found the application of alum in

powder very effective in certain forms of chronic catarrhal inflammation of the meatus and tympanum, which are otherwise often tedious in yielding to treatment. It is especially suitable when there exists a red and granular condition of the membrana tympani, or mucous membrane of the tympanum, with or without minute polypoid growths, such as often lasts from childhood even to the latter years of life, and which are so frequently met with, all acute symptoms having long ago subsided. The alum is easily introduced, after the ear has been gently syringed, either on a moistened camel's hair brush, or, which seems often more efficacious, it may be blown into the meatus through a piece of India-rubber tubing. After a few applications, efficiently made, the unhealthy condition will often be wholly removed, and with it the discharge, the hearing being at the same time, unless other lesions are present, greatly improved.—*Ibid.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Remarkable Fecundity.—Dr. POMROY, of Wisconsin, records (*Boston Med. & Surg. Journ.*, Jan. 7, 1864) a case of this, in a patient under his care. He delivered her in Aug., 1861, her first confinement, of triplets, all males, two of them living. He again delivered her in June, 1862, of triplets, two males and one female, all living; and in Aug., 1863, he again delivered her of triplets, one male and two females, all living. When he saw the patient on the 3d Dec. last, she was again pregnant.

Wills Hospital.—Dr. S. LITTELL, who has served this hospital so faithfully and ably as one of its surgeons for upwards of a quarter of a century, has resigned; Dr. Hunt, recently elected one of the surgeons to the Pennsylvania Hospital, has also resigned from Wills, and a third vacancy in the surgical staff has been created by the absence of Dr. Harlan, Surgeon U. S. V. At the meeting of the board of managers on the 3d Jan., these vacancies were filled by the election of Drs. D. H. Agnew, A. D. Hall, and R. J. Lewis.

Munificent Bequest.—The late James H. Roosevelt has bequeathed about \$900,000 for the establishment and endowment of a hospital in New York. The testator gives this fund in trust to certain designated persons. No restrictions are placed upon the trustees in regard to the locality or character of the hospital. A fine opportunity is thus afforded, of which we trust advantage will be taken to erect a model hospital, one which shall fulfil all the requirements of the science of the day.

Medical Society of the State of New York.—The fifty-seventh annual meeting of the Society will be held in the city of Albany, on the first Tuesday of February, in the present year.

OBITUARY RECORD.—Died, in Baltimore, Dec. 25, 1863, of pneumonia, SAMUEL CHEW, M. D., Professor of the Principles and Practice of Medicine in the University of Maryland.

—In Boston, on the 8th of Jan., from rupture of left kidney, caused by a fall on the ice, JOHN C. DALTON, M. D., aged 68 years.

FOREIGN INTELLIGENCE.

Formation of Ozone.—M. RAMON DE LUNA announces the discovery of the following facts:—

1. Whenever a chemical reaction takes place in the presence of atmospheric air oxygen is ozonized.

2. Paper rendered blue by ozone is perfectly decolorized in an atmosphere of hydrogen.

The coloration and decoloration of the ozone paper may be produced for an almost indefinite number of times by plunging it alternately into ozonized air and hydrogen. These effects may be shown in the following simple way: A tube funnel is carried through a perforated cork to the bottom of a perfectly dry bottle, a strip of ozone paper being wrapped about the stem of the funnel, and then sufficient sulphuric acid to cover the end of the funnel is poured down. In the case of a perfectly dry bottle no effect is produced on the paper; but, if any moisture be present when the acid is poured in, the combination of the acid with the water ozonizes the air, and the paper is turned

blue. If no effect is produced on the paper, i. e., if the bottle be quite dry, the cork may be removed, and a fragment of potash or soda dropped in. An energetic reaction ensues, and the bottle becomes filled with alkaline vapours. When these are condensed, and the bottle again becomes transparent, the paper begins to turn blue, and characteristic odour of ozone may be recognized. If the paper thus coloured be removed to a similar bottle in which hydrogen is disengaged it again becomes white, but will be coloured again on reintroducing it into the first bottle.

Ozone may be very easily prepared in this way by means of ordinary oxygen. It is only necessary to fill a bottle with ordinary oxygen, and to pour in first some concentrated solution of caustic potash, and then a little strong sulphuric acid; the paper is turned blue in a moment, and the odour of ozone may be perceived. The gas may then be transferred for experiments. It is well to moisten the test-paper. The author supposes that the paper is bleached when placed in hydrogen, by the formation of hydriodic acid, which is decomposed again by the ozone when the paper is returned to the ozonized air.—*American Druggists' Cir. & Chem. Gaz.*, Jan. 1864, from *Annales de Chimie et de Phys.*

Disease termed "Black Leg," among the Ottawa Lumbermen.—Dr. J. O. GRANT describes (*Med. Times and Gaz.*, Dec. 26, 1863) a disease of this name prevalent among Ottawa lumbermen.

"In one shanty," he states, "twenty-five men out of thirty-six were attacked with this disease, and, from ascertained facts, the great proportion of the cases were developed as follows: Slight pains in the extremities, particularly about the ankle-joints and posterior parts of the legs. After a few days, in severe cases, the pain is liable to extend to the arms and shoulder-joints. The integument of the legs is first observed to change colour, passing from a somewhat yellow to a deep venous hue, in large patches, almost approaching to a black (hence the term). The legs and the arms are liable to swell, particularly the former. Frequently, two or three weeks before any constant pain is complained of, or change of colour takes place, the limbs move sluggishly in response to the will, and considerable soreness is experienced upon pressure. Abrasion of

the integument is followed by a sero-sanguinolent discharge; and, if much irritated, is liable to inflammation, partaking of the asthenic character. The limbs are said to be almost free from pain when immersed in water during the spring-season rafting; but afterwards they become hard, painful, and stiff. The gums are frequently observed swollen and spongy for some weeks before the limbs become painful. Bowels usually regular, and urine voided in normal quantity. Sleep restless. Many of the men were subject to headache, giddiness, loss of appetite, and swelling of the eyelids; also, at times, to a peculiar sensation, as if the head had attained enormous dimensions. During the month of April the great proportion of these cases became most marked, and, under, judicious treatment, rarely extended over a period of four weeks before convalescence was established. It was not an unfrequent circumstance to observe, amongst those who were exposed to the same dietary influence, attacks of acute rheumatism, as well as nyctalopia, both of which readily yielded to rest and regimen, in conjunction with mild medicinal agents. Whenever nyctalopia is detected by the experienced lumberer, fresh milk is administered largely, when obtainable, which has a most speedy and salutary influence, the retina recovering its tone in the space of a few days.

"This disease, from its particulars, appears to class with scorbutus, being from all appearances an aggravated variety, resulting not alone from a sameness of diet, but also from the influence of nitrate of potash upon the blood. This salt is largely used by the packers to preserve the pork in the summer season. During the early lumbering operations, twenty-five or thirty years ago, on the rivers Ottawa and Gatineau, the occurrence of this disease was very frequent, owing in a great measure to the extensive use of this salt of potash. The trade and experienced packers, being aware of these facts, now have recourse to this material only in moderation, an excess not being necessary to prevent putrefaction taking place, in consequence of which this disease is now seldom observed. Dr. Garrold states (*Monthly Journal of Medical Science*, January, 1848), that from examination of the composition of the food, etc. etc., he was led to the conclusion that the absence of potash was the cause of scurvy. Notwith-

standing the accuracy of these observations, it is a fact well tested through a process of years, that when any excess of nitrate of potash is used to preserve the staple article of diet, pork, this scorbutic black leg is liable to be developed."

Psychometry.—Spiritualism has undergone a new development. Satiated with the commonplace and fruitless triumphs of bewitching furniture, floating in the air, and interpreting raps, the mediums have made a fresh start, and now announce that they have acquired the power of reproducing in all its vividness and completeness the mysterious past. The process by which this is accomplished seems an easy one. It is called psychometry, and the favoured few who possess the retrospective power are known as psychometers. Most, if not all, the psychometers are feminine, and American. These gifted ladies, by merely touching a piece of anything—be it bone or stone, or aerolite, or even a fragment of crockery—can immediately tell all that has ever happened to it. In the case of a piece of bone, contact immediately informs them everything about the animal to which it belonged, the circumstances under which it lived, the scenery and conditions by which it was surrounded, its habits and sensations. And this is not all. The psychometer is transported at once to the part of the globe which the animal has inhabited, and is able to describe all the features of the journey. Or, if it be a stone, she can directly give information as to its geological belongings, the formation whence it was derived, the place from which it was taken, and all the vicissitudes it has undergone. Mere handling is enough, but usually the psychometers place the substance in contact with the forehead. One lady, by sitting in the moonshine and allowing the beams to play on her forehead, got such an insight into the structure of the moon that she immediately described it in full to the astonished bystanders. Mrs. Denton, of Boston, U.S., thus described her sensations on having a whalebone cane applied to her forehead: "I feel," she said, "as if I were a monster. I feel like vomiting. Now I want to plunge into the water. I believe I am going into a fit. My jaws are large enough to take down a house at a gulp." Another, on being placed in contact with a boulder, expressed her feelings thus: "Mercy! what

a whirl things are in! I do not know what to make of it. I feel as if I were being belched out of a volcano. Here is water and mud, and everything is in great confusion. There are great pieces of rock beside me, some larger than I feel myself to be, though I am of great size. I am sent up whirling in a torrent of water, mud, and rocks; not sent out at once, but in alternate puffs, and all of us flying round together." Of course, as the vicissitudes to which matter is subjected are numerous, the ladies describe their sensations as somewhat complicated, but they tell us that by an effort of the will, they can fix, for a time, the more interesting scenes as they pass before them. This, no doubt, is a fortunate and pleasant thing for the psychometers. As the dust of "impetuous Cæsar" may stop a bung-hole, the passage of the Rubicon would be a more striking experience than a lengthened vision of a beer barrel. And, we should hope, for the lady's sake, who was mentally metamorphosed into a whale, that she did not permit the qualmishness and threatening fit to last long. We wonder, by the way, whether these are the normal feelings of the whales. The husband of the fair cetacean asserts that this experience was accompanied by universal shuddering, but this might perhaps be accounted for by the cold sea-bath in which she was psychometrically plunged. We really congratulate the mediums on having struck out a new path. It is true that for many, the mysterious future has even a greater charm than the mysterious past, but the former is somewhat a used-up region, the field of prophetic vision being already occupied by Zadkiel and numerous other seers, lay, and clerical. We would only observe, that in adopting the opposite course, the mediums have taken the field against science, and the latter must look to her laurels. Alas for Owen, Falconer, Huxley, and the doughty savans, who Sampson-like have attacked an unbelieving world with the Abbeville jaw-bone! Their occupation's gone. It was thought a wonderful feat to construct the skeleton of the *Dinornis* from merely looking at a piece of its femur; but what is this to being able to give a description of a vast number of animals of the tertiary era, whose existence is as yet unknown to geologists? We are very anxious to know whether this resuscitated fauna would sup-

ply the missing links for Mr. Darwin. A full view of the early inhabitants of England has already been vouchsafed to one lady, and we have the satisfaction of learning that they were "scarcely human, incapable of standing upright, though formed so as to sit comfortably; very hairy, with a good deal of fun and frolic, and with a crescent shaped mouth." All these, and many more wondrous revelations are seriously recorded in a book entitled "Nature's Secrets; or Psychometric Researches," written by a Mr. Denton, who styles himself a Lecturer on Geology at Boston, and edited by an anonymous English clergyman. Truly these gentlemen must have formed an exalted estimate of human credulity.—*Med. Times and Gaz.*, Nov. 7, 1863.

Bacterium and Typhoid Fever.—Prof. SICRI has called the attention of the French Academy to the presence of these infusoria in the blood of a man who died of typhoid fever in the hospital of Sienna.—*Lancet*, Jan. 2, 1864.

An Artificial Tongue.—M. MAISONNEUVE, surgeon of the Hôtel Dieu, describes in "Cosmos" how he removed from a patient the whole of a tongue affected with cancer, by means which he terms *cauterisation en flèches*, so as to cause all the diseased portions to slough off in one mass. This patient, after the removal of the tongue, could neither swallow nor speak, but performed both these functions on being supplied with a gutta percha tongue of the natural size.—*Ibid.*

Marriages of Consanguinity.—M. de CRICQ-CASSAUX, with a view to refute the arguments lately brought forward to prove the danger of marriages amongst relations, quoted at the last sitting of the Academy of Sciences the example of the ancient kings of Persia, who, since the time of Cambyzes, had been in the habit of marrying their sisters, and even their daughters, and yet produced a very fine race.—*Ibid.*

OBITUARY RECORD.—Died, Dec. 13, 1863, of gout and heart disease, Joseph Henry Green, President of the Council of Medical Education and Registration of the United Kingdom, and one of the most eminent of British Surgeons, aged 71 years.